

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

rshal"

PLAINTIFF

COURT CASE NUMBER

Tony B. Gaskins

05-10858-GAO

DEFENDANT

TYPE OF PROCESS

UMass Correctional Health Services, et al

Civil

**SERVE****AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZURE

Stanley Galas, Nurse Practitioner

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

MCI-Cedar Junction, Route 1A, South Walpole, Ma. 02071

R CONDEMN

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Tony B. Gaskins  
MCI-Cedar Junction  
P.O. Box 100  
South Walpole, Ma. 02071

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Telephone Numbers, and Estimated Times Available For Service):

Addresses, All

Fold

Normal business hours at the prison, or at his employer:  
UMass Correctional Health Services, One Research Drive-Suite 120  
Westborough, Ma. 01581

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

n/a

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin  
No. 38District to Serve  
No. 38

Signature of Authorized USMS Deputy or Clerk

Nancy Jalauera

Date

8/17/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the addressdescribed  
certified below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ken Clacherty Health Services Administrator

☐ A person of suitable age and discretion then resided at usual place of residence

Address (complete only if different than shown above)

Date of Service

9/9/05

Signature of U.S. Marshal or Deputy

Don F. 2

Time or Deputy

Amount or Refund

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or
45.00	13.87		58.87		

REMARKS:

## UNITED STATES DISTRICT COURT

FOR THE

District of

MASSACHUSETTS

Tony B. Gaskins, Plaintiff

SUMMONS IN A CIVIL CASE

V.

UMass Correctional  
Health Services, et al.,

CASE NUMBER:

Defendants.

05 10858 GAO

TO: (Name and address of Defendant) Stanley Galas, NP, Health Service  
Administrator, Health Service Unit, MCI-Cedar Junction, P.O.  
Box 100, South Walpole, Ma. 02071

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)  
Tony B. Gaskins, MCI-Cedar Junction, P.O. Box 100, South  
Walpole, Ma. 02071

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

DATE

(By) DEPUTY CLERK

August 4, 2005